

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

Cape Health Plan, Inc. Employer's ID Number 0000 0000 NAIC Company Code ___ 95759 38-2455176 NAIC Group Code (Current Period) (Prior Period) _, State of Domicile or Port of Entry Organized under the Laws of Michigan Michigan United States of America Country of Domicile Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X] 04/29/1982 Commenced Business 04/29/1982 Incorporated 26711 Northwestern Highway, Suite 300 Southfield, MI 48034 Statutory Home Office Main Administrative Office 26711 Northwestern Highway, Suite 300 Southfield, MI 48034 248-386-3000 (City or Town, State and Zip Code Code) (Telephone Number Southfield, MI 48034 26711 Northwestern Highway, Suite 300 Mail Address or P.O. Box) or Town, State and Zip Code Primary Location of Books and Records 26711 Northwestern Highway, Suite 300 (Street and Number) Southfield, MI 48034 248-386-3003 (City or Town, State and Zip Code) (Area Code) (Telephone Number) www.capehealth.com Internet Website Address THOMAS ASHFORD MURAR Statement Contact 248-386-3003 (Name) (Area Code) (Telephone Number) (Extension) tmurar@capehealth.com 248-945-9149 (E-mail Address) (FAX Number) 26711 NORTHWESTERN HIGHWAY, SUITE 300 Policyowner Relations Contact (Street and Number) 248-386-3003 SOUTHFILED, MI 48034 (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension) **OFFICERS** President Nancy Wanchik Treasurer Ralph Woronoff William Brodhead Secretary VICE PRESIDENTS Murar Thomas Michele Lundberg Mvla Johnson Rodger Prong **DIRECTORS OR TRUSTEES** Myra French Ralph Woronoff Surjit Bhasin MD Lynette Burns **Etrue Bryant** Shirley Lightsey Thomas Murar Sue Sarin Gladys Taylor Janis Coleman Nancy Wanchik William Brodhead State of. .Michigan Macomb County of The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Nancy Wanchik Susan Sarin Thomas Murar President & COO Chief Executive Officer Chief Financial Officer Subscribed and sworn to before me this 06 _day of May, 2002

Linda Rusie Notary Public March 26, 2003

ASSETS

		JOLIO	Current Period	1	Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1.	Bonds			1,004,000	
	Stocks:			, , , , , , , , , , , , , , , , , , , ,	
	2.1 Preferred stocks				
	2.2 Common stocks				
3	Mortgage loans on real estate:				
Э.					
1	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less			(-)	
	\$encumbrances)			(a)	
	4.2 Properties held for the production of income				
	(less \$encumbrances)				
	4.3 Properties held for sale (less				
_	\$ encumbrances)				
5.	Cash (\$19,792,319) and short-term investments	40. 700. 040		40.700.040	10.510.010
	(\$)				
	Other long-term invested assets				
	Receivable for securities				
	Aggregate write-ins for invested assets				
9.	Subtotals, cash and invested assets (Lines 1 to 8)	20 , 799 , 444		20 , 799 , 444	20 , 732 , 474
	Accident and health premiums due and unpaid				
11.	Health care receivables	611,089		611,089	1,403,159
12.	Amounts recoverable from reinsurers				
13.	Net adjustment in assets and liabilities due to foreign exchange rates				
14.	Investment income due and accrued				
15.	Amounts due from parent, subsidiaries and affiliates				
16.	Amounts receivable relating to uninsured accident and health plans				
17.	Furniture and equipment	288 , 177		288 , 177	300 , 192
18.	Amounts due from agents				
19.	Federal and foreign income tax recoverable and interest thereon (including				
	\$net deferred tax asset)				
20.	Electronic data processing equipment and software	479 , 999	44 , 424	435 , 575	303, 984
21.	Other nonadmitted assets	1 , 249 , 650	1,249,650	0	0
22.	Aggregate write-ins for other than invested assets	71,410		71,410	74,322
23.	Total assets (Lines 9 plus 10 through 22)	23,499,769	1,294,074	22,205,695	22,814,131
	DETAILS OF WRITE-INS				
0801.	Security Deposit	3 , 125		3,125	3,125
0802.					
0803.					
0898.	Summary of remaining write-ins for Line 8 from overflow page				
0899.	Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)	3,125		3,125	3,125
	Employee Loan			600	296
	Leasehold Improvement.				74,026
2203.					
	Summary of remaining write-ins for Line 22 from overflow page				
	Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)	71.410		71,410	74,322

(a) \$health care delivery assets included in Line 4.1, Column 3

LIABILITIES, CAPITAL AND SURPLUS

LIABILITIES, GAI		Current Period	rrent Period	
	1 Covered	2 Uncovered	3 Total	4 Total
Claims unpaid (less \$ reinsurance ceded)	11,533,288		11,533,288	12,080,208
Accrued medical incentive pool and bonus payments				
Unpaid claims adjustment expenses				
Aggregate policy reserves				
Aggregate claim reserves				
Premiums received in advance				
General expenses due or accrued	İ	İ	į	
Federal and foreign income tax payable and interest thereon (including				
\$ on realized capital gains (losses) (including				
\$net deferred tax liability)				
Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ current) and				
interest thereon \$(including				
\$ current)				
11. Amounts due to parent, subsidiaries and affiliates				
12. Payable for securities		į		
Funds held under reinsurance treaties with (\$				
authorized reinsurers and \$unauthorized				
reinsurers)				
Reinsurance in unauthorized companies		ĺ		
Net adjustments in assets and liabilities due to foreign exchange rates				
Net adjustments in assets and natimities due to loreign exchange rates Liability for amounts held under uninsured accident and health plans				
Aggregate write-ins for other liabilities (including \$				
current)			262 011	557 400
18 Total liabilities (Lines 1 to 17)				
19. Common capital stock				
20 Preferred capital stock		İ		
Gross paid in and contributed surplus Surplus notes				
	XXX	XXX	7 ,694 ,945 [
25. Less treasury stock, at cost:				
25.1shares common (value included in Line 19)	V004	2004		
\$	XXX	XXX		
25.2shares preferred (value included in Line 20)				
\$				7 400 000
26. Total capital and surplus (Lines 19 to 25)			7,695,945	
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	22,205,695	22,814,131
DETAILS OF WRITE-INS				450.004
1701. Accrued Salaries and Wages			77,505	
1702. Accrued PTO.			· ·	111,530
1703. Deferred Income Taxes				27 , 976
1798. Summary of remaining write-ins for Line 17 from overflow page				259,822
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	262,011		262,011	557 , 409
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	134,218	481,875
2.	Net premium income	xxx	23 , 152 , 888	88 , 118 , 476
3.	Change in unearned premium reserves and reserve for rate credits	xxx		
4.	Fee-for-service (net of \$medical expenses)	xxx		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.	Total revenues (Lines 2 to 6)	XXX	23 , 152 , 888	88 , 118 , 476
	Medical and Hospital:			
8.	Hospital/medical benefits			
9.	Other professional services		2,961,069	12,524,128
10.	Outside referrals			
11.	Emergency room and out-of-area			
12.	Prescription drugs			
13.	Aggregate write-ins for other medical and hospital			
14.	Incentive pool and withhold adjustments			
15.	Subtotal (Lines 8 to 14)		20,004,540	74 , 176 , 193
	Less:			
16.	Net reinsurance recoveries			
17.	Total medical and hospital (Lines 15 minus 16)			
18.	Claims adjustment expenses			
19.	General administrative expenses		2,626,740	11 , 108 , 761
20.	Increase in reserves for accident and health contracts			
21.	· · · · · · · · · · · · · · · · · · ·			
22.	Net underwriting gain or (loss) (Lines 7 minus 21)			
23.	Net investment income earned		98 , 430	888,375
24.	Net realized capital gains or (losses)			
25.	Net investment gains or (losses) (Lines 23 plus 24)		98 , 430	888,375
26.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$) (amount charged off \$			
	Aggregate write-ins for other income or expenses			•
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)			
29.	Federal and foreign income taxes incurred			
30.	Net income (loss) (Lines 28 minus 29)	XXX	418,329	2,242,768
0004	DETAILS OF WRITE-INS	NAO.		
0601.				
0602.				
0603.	Summary of romaining write inc for Line 6 from evertlew page			
	Summary of remaining write-ins for Line 6 from overflow page			
1301		XXX	366,506	1 126 402
	Emergency & Non-Emergency Transportation		, ,	1 , 130 , 463
1302.				
	Summary of remaining write-ins for Line 13 from overflow page			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		366,506	1,136,483
	Disposition of Fixed Assets			
2701.	DISPOSITION OF FIXED ASSETS			(423,501)
2702.				
	Summary of remaining write-ins for Line 27 from overflow page			
	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)			(423, 561)
∠1 JJ.	ויטומוס נבוווים ברטו ווווע ברטס פועס ברסטן (בווופ בר מטטעפן	1		(720,001)

CAPITAL AND SURPLUS ACCOUNT

	CAPITAL AND SURPLUS ACCOUN	1	2 Prior Voor
		Current Year to Date	Prior Year
	CAPITAL AND SURPLUS ACCOUNT:		
31.	Capital and surplus prior reporting period	7,480,608	9,672,729
	GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32.	Net income or (loss) from Line 30	418,329	2,242,768
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(202,992)	(434,889)
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		(4,000,000)
45.	Aggregate write-ins for gains or (losses) in surplus		(4,000,000)
			(2.102.121)
46.	Net change in capital & surplus (Lines 32 to 45)		7 490 608
47.	Capital and surplus end of reporting period (Line 31 plus 46)	7,695,945	7,480,608
	DETAILS OF WRITE-INS		
4501.			
4502.			
4503.			
4598.	Summary of remaining write-ins for Line 45 from overflow page		
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)		

CASH FLOW

	CASITIEOW	1 Current Year to Date	2 Prior Year
		real to Date	FIIOI Teal
	Cash from Operations	22 452 000	88 , 118 , 476
	Premiums and revenues collected net of reinsurance		75,205,985
	Claims and claims adjustment expenses General administrative expenses paid		11 , 108 , 761
	Other underwriting income (expenses)		1 902 720
	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	, , ,	
	Net investment income		888,375
	Other income (expenses)	(0.5 000)	(5,390
	Federal and foreign income taxes (paid) recovered	, , ,	(1,198,885
9.	Net cash from operations (Lines 5 to 8)	(313,038)	1 , 487 , 830
	Cash from Investments		
10.	Proceeds from investments sold, matured or repaid:	005 000	202 522
	10.1 Bonds		300 , 533
	10.2 Stocks		
	10.3 Mortgage loans		
	10.4 Real estate		
	10.5 Other invested assets		
	10.6 Net gains or (losses) on cash and short-term investments		
	10.7 Miscellaneous proceeds		
	10.8 Total investment proceeds (Lines 10.1 to 10.7)	295,000	300 , 533
11.	Cost of investments acquired (long-term only):		
	11.1 Bonds	110,000	789 , 000
	11.2 Stocks		
	11.3 Mortgage loans		
	11.4 Real estate		
	11.5 Other invested assets		
	11.6 Miscellaneous applications		
	11.7 Total investments acquired (Lines 11.1 to 11.6)	110,000	789,000
12.	Net Cash from investments (Line 10.8 minus Line 11.7)	185,000	(488, 467
	Cash from Financing and Miscellaneous Sources		
13.	Cash provided:		
	13.1 Surplus notes, capital and surplus paid in		
	13.2 Net transfers from affiliates		
	13.3 Borrowed funds received		
	13.4 Other cash provided		144 , 274
	13.5 Total (Lines 13.1 to 13.4)		144 , 274
14.	Cash applied:		'
	14.1 Dividends to stockholders paid		4.000.000
	14.2 Net transfers to affiliates		
	14.3 Borrowed funds repaid		
	14.4 Other applications	400,000	1,102,131
		Current Year to Date	5,102,131
15	14.5 Total (Lines 14.1 to 14.4)		(4,957,857
٠.		000,000	1.1001.1001
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	251,970	(3,958,494
17.	Cash and short-term investments:		
	17.1 Beginning of period	19,540,349	23 , 498 , 843
	17.2 End of period (Line 16 plus Line 17.1)	19,792,319	19,540,349

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	43,768								43,768	
2 First Quarter	45,039								45,039	
3 Second Quarter										
4. Third Quarter										
5. Current Year										
6 Current Year Member Months	134,218								134,218	
Total Member Ambulatory Encounters for Period:										
7. Physician	7 , 174								7 , 174	
8. Non-Physician	2,317								2,317	
9. Total	9,491								9,491	
10. Hospital Patient Days Incurred	1,327								1,327	
11. Number of Inpatient Admissions	5,656								5,656	
12. Premiums Collected	23,177,110								23 , 177 , 110	
13. Premiums Earned	23,177,110								23,177,110	
14. Amount Paid for Provision of Health Care Services	8,421,414								8,421,414	
15. Amount Incurred for Provision of Health Care Services	11,034,654								11,034,654	

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total			
Claims Payable (Reported)	,		,		,				
					-				
0199999 Individually Listed Claims Payable									
0299999 Aggregate Accounts Not Individually Listed-Uncovered									
0399999 Aggregate Accounts Not Individually Listed-Covered									
0499999 Subtotals						·			
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	11,53,288			
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX				
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	11,53,288			
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	497,239			

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STATEMENT AS OF MARCH 31, 2002 OF THE CAPE HEALTH PLAN, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y						
	Cla		Liab			
	Paid Year to Date		End of Current Quarter		5	6
	1	2	3	4		Estimated Claim
	On		On			Reserve and Claim
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred	Liability
45. 45.	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	in Prior Years	Dec. 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (Hospital & Medical)						
Competition (hospital & modela)						
Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
6. Title AVIII - Medicare						-
7. Title XIX - Medicaid.	11,021,190	1,789,192	1,059,018	11,034,654	12,080,208	12,080,208
	, ,	, ,	, ,	, ,	, ,	
8. Other						
9. Subtotal	11,021,190	1,789,192	1,059,018	11,034,654	12,080,208	12,080,208
v. Guliota	11,021,180	1,100,102		11,004,004	12,000,200	12,000,200
10. Medical incentive pools, accruals and disbursements	149,130	0	347,239	150,000	496,369	496,369
	44 470 000	4 700 400	4 400 057	44 404 054	10 570 577	10 570 577
11. Totals	11,170,320	1,789,192	1,406,257	11,184,654	12,576,577	12,576,577

NOTES TO FINANCIAL STATEMENTS

These statements have not been completed in accordance with the NAIC Accounting Practices and Procedures Manual. The Commissioner of the State of Michigan Office of Financial and Insurance Services issued the following notification regarding reporting:

"By Order 00-086-M dated November 15, 2000, the Commissioner adopted the NAIC Accounting Practices and Procedures Manual effective January 1, 2001, including appendices A - F and excluding Acturial Guideline XXXV in Appendix C. This order applies to fire and casualty insurers, life, accident, and health insurers, non-U.S. insurers, title insurers and fraternal benefit societies. For health maintenance organizations and alternative financing and delivery systems and dental service corporations, the Commissioner has delayed adoption of the NAIC Accounting Pratices and Procedures Manual with an effective date of January 1, 2002. These entities will continue to follow previous statutory accounting practices and procedures until the Commissioner officially adopts the new manual for these entities."

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES GENERAL

1.1		, implement any significant account	01) 0	•		Yes [] No [X]			
1.2	If yes, explain:									
2.1		experience any material transaction				Yes [] No [X]			
2.2	If yes, has the report b	een filed with the domiciliary state?	·			Yes [] No []			
3.1	reporting entity?									
	ii not previously lilea,	furnish herewith a certified copy of t	me instrument as amended.	•						
4.	Have there been any	substantial changes in the organiza	tional chart since the prior c	quarter end?		Yes [] No [X]			
	If yes, attach an organ	izational chart.								
5.1	Has the reporting enti	y been a party to a merger or cons	olidation during the period c	covered by this statement?		Yes [] No [X]			
5.2		ne of entity, NAIC Company Code, sesult of the merger or consolidation.		wo letter state abbreviation) for a	ny entity that has					
			1 of Entity	2 NAIC Company Code	3 State of Domicile					
6.	If the reporting entity is fact, or similar agreem	s subject to a management agreem lent, have there been any significar nation.	ent, including third-party ad nt changes regarding the ter	lministrator(s), managing general rms of the agreement or principal	agent(s), attorney-in- s involved?	Yes [] No [] NA [X]			
7.1	State as of what date	the latest financial examination of the	ne reporting entity was mad	e or is being made		1	2/31/1999			
7.2		at the latest financial examination r				1	2/31/1999			
7.3	State as of what date the reporting entity. The date).	the latest financial examination reprise is the release date or completion	ort became available to other	er states or the public from either port and not the date of the exan	the state of domicile or nination (balance sheet	1	2/31/1999			
7.4	By what department o	r departments?								
	OFFICE OF FINANCIAL	AND INSURANCE SERVICES, STATE	OF MICHIGAN							
8.1	or revoked by any gov	ty had any Certificates of Authority, ernmental entity during the reportin s part of the agreement.)	g period? (You need not re	eport an action, either formal or in	formal, if a	Yes [] No [X]			
8.2	If yes, give full informa	ition:								

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.) **INVESTMENT**

9.1	Has there been any change in the reporting entity's own p	referred or common st	tock?			Yes [] No	[X] c
9.2	If yes, explain:						
	Were any of the stocks, bonds, or other assets of the reporter use by another person? (Exclude securities under seculf yes, give full and complete information relating thereto:	urities lending agreeme	ents.)	· · · · · · · · · · · · · · · · · · ·		Yes [] No	o [X]
11.	Amount of real estate and mortgages held in other investe	ed assets in Schedule	BA:		\$		0
12.	Amount of real estate and mortgages held in short-term in	vestments:			\$		0
13.1	Does the reporting entity have any investments in parent	, subsidiaries and affili	iates?			Yes [] M	No [X]
13.2	If yes, please complete the following:						
13.2 ⁻	Bonds		\$.	1 Prior Year-End Statement Value	2 Current Quarter Statement Value \$		
13.22 13.23							
13.24 13.25					<u> </u>		
13.20 13.2	All Other				\$		
13.28 13.29		3.26 above	\$.		\$		
14.1	Does the reporting entity have any hedging transactions re	eported on Schedule D	DB?			Yes [] No	[X] c
14.2	If yes, has a comprehensive description of the hedging pro	ogram been made ava	ilable to the	domiciliary state?		Yes [] No	[X] c
	If no, attach a description with this statement.						
15.	Excluding items in Schedule E, real estate, mortgage loar deposit boxes, were all stocks, bonds and other securities qualified bank or trust company in accordance with Part 1 Financial Condition Examiners Handbook?	, owned throughout the - General, Section IV.	e current yea H - Custodia	er held pursuant to a cur I or Safekeeping Agree	stodial agreement with a ments of the NAIC	Yes [] No	o [X]
15.1	For all agreements that comply with the requirements of the	ne NAIC Financial Con	ndition Exam	ners Handbook, comple	ete the following:		
	1 Name of Custodi	an(s)		2 Custodian Add	Iress		
15.2	For all agreements that do not comply with the requirement location and a complete explanation:	nts of the NAIC Financ	cial Condition	Examiners Handbook,	provide the name,		
	1 Name(s)	2 Location(s	s)	Complete E	3 explanation(s)		
	Merrill Lynch	West Bloomfield		STOCK			
	Have there been any changes, including name changes in If yes, give full and complete information relating thereto:	the custodian(s) iden	tified in 15.1	during the current year	?	Yes [] No	o [X]
	1 Old Custodian N	2 ew Custodian	3 Date of Ch	ange	4 Reason		
15.5	Identify all investment advisors, brokers/dealers or individuaccounts, handle securities and have authority to make in	vestments on behalf o					
	1 Central Registration Depository	2 Name(s)		Ado	3 dress		
	<u> </u>	(-)					

SCHEDULE A - VERIFICATION

		1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1.	Book/adjusted carrying value, beginning of period				
	Increase (decrease) by adjustment				
	Cost of acquired				
	Cost of additions to and permanent improvements				
5.	Total profit (loss) on sales				
6.	Increase (decrease) by foreign exchange adjustment				
	Amount received on sales				
8.	Book/adjusted carrying value at end of current period				
9.	Total valuation allowance				
	Subtotal (Lines 8 plus 9)				
11.	Total nonadmitted amounts				
12.	Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

	OOI ILDULL D	V — I X II I	CATION		
		1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1.	Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2.	Amount loaned during period:			<u> </u>	
	2.1. Actual cost at time of acquisitions				
	2.2. Additional investment made after acquisitions				
3.	Accrual of discount and mortgage interest points and committment fees				
4.	Increase (decrease) by adjustment				
5.	Total profit (loss) on sale				
6.	Amounts paid on account or in full during the period				
7.	Amortization of premium				
8.	Increase (decrease) by foreign exchange adjustment				
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10.	Total valuation allowance				
11.	Subtotal (Lines 9 plus 10)				
12.	Total nonadmitted amounts				
13.	Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

		1	2	3	4
		First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, beginning of period				
2.	Cost of acquisitions during period:				
	2.1. Actual cost at time of acquisitions				
	2.2. Additional investment made after acquisitions				
3.	Accrual of discount				
4.	Increase (decrease) by adjustment				
5.	Total profit (loss) on sale				
6.	Amounts paid on account or in full during the period				
7.	Amortization of premium				
8.	Increase (decrease) by foreign exchange adjustment				
9.	Book/adjusted carrying value of long-term invested assets at end of current period				
10.	Total valuation allowance				
11.	Subtotal (Lines 9 plus 10)				
12.	Total nonadmitted amounts				
	Statement value of long-term invested assets at end of current period				

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	1,189,000	110,000	295,000		1 ,004 ,000			1,189,000
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	1,189,000	110,000	295,000		1,004,000			1,189,000
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	1,189,000	110,000	295,000		1,004,000			1,189,000

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
				Amount of Interest	Paid for
	Book/Adjusted			Received Current	Accrued
	Carrying Value	Par Value	Actual Cost	Quarter	Interest
8099999 Totals		XXX			

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned										
	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31						
Book/adjusted carrying value, beginning of period										
Cost of short-term investments acquired										
Increase (decrease) by adjustment										
Increase (decrease) by foreign exchange adjustment										
Total profit (loss) on disposal of short-term investments										
Consideration received on disposal of short-term investments										
7. Book/adjusted carrying value, current period										
Total valuation allowance										
9. Subtotal (Lines 7 plus 8)										
10. Total nonadmitted amounts										
11. Statement value (Lines 9 minus 10)										
12. Income collected during period										
13. Income earned during period										

SCHEDULE DB - PART F- SECTION 1

Summary of Replicated (Synthetic) Assets Open

	Replicate	d (Synthetic) Asset				,	Compo	nents of the Replicated (Synthetic)	Asset		
1	2	3	4	5	Derivative Instruments	Open	Cash Instrument(s) Held				
					6	7	8	9	10	11	12
Replication		NAIC									NAIC
RSAT		Designation or Other Description	Statement						Statement		Designation or
Number	Description	Other Description	Value	Fair Value	Description	Fair Value	CUSIP	Description	Value	Fair Value	Other Description

9999999 Totals					XXX		XXX	XXX			XXX

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First C	Quarter	Second	Quarter	Third (Quarter	Fourth (Quarter	Year-to	o-Date
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
Beginning Inventory										
Add: Opened or Acquired Transactions										
Add: Increases in Replicated Asset Statement Value	XXX		xxx		ХХХ		xxx		XXX	
Less: Closed or Disposed of Transactions										
Less: Positions Disposed of for Failing Effectiveness Criteria										
Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	
7. Ending Inventory										

SCHEDULE S—CEDED REINSURANCE Showing all new reinsurers - Current Year to Date

1	2	3	4	5 Is Insurer
NAIC Company Code	Federal ID Number	Name of Reinsurer LIFE AND ANNUITY AFFILIATES	Location	Authorized? (Yes or No)
		LIFE AND ANNUITY NON-AFFILIATES		
		ACCIDENT AND HEALTH AFFILIATES		
67150	41-0451140	ACCIDENT AND HEALTH NON-AFFILIATES	Minneapolis, MN	Yes

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

				Allocated by	States and Territories			
		Ī	1	2	3	Direct Business 0	Only Year-to-Date 5	6
	States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premium
1.	·	۸L .	No	No				
	Alaska		No	No				
		١Z	No.	No				
_	Arkansas A		No	No				
		CA	No	No				
		00	No	No				
		T	No	No				
8.	Delaware D	DE	No	No				
9.	District of Columbia	ос	No	No				
10.	FloridaF	L	No	No				
11.	Georgia	βA	No	No				
12.	Hawaii F	·II	No	No				
13.	IdahoII	D	No	No				
	IllinoisIl	L	No	No				
15.	IndianaII	N	No	No				
16.	lowa	Α	No	No				
17.	Kansask	(S	No	No				
18.	Kentuckyk	Υ	No	No				
19.	LouisianaL	Α	No	No				
20.	Maine	ЛЕ	No	No				
21.	Maryland	ЛD	No	No				
22.	Massachusetts	ЛА	No	No				
23.	Michigan	/II	No	Yes			23 , 177 , 110	
		/N	No	No				
	Mississippi		No	No				
		1O	No	No				
		/IT	No	No				
_	Nebraska		No	No				
	Nevada		No	No				
	' '	νΗ	No	No				
	•	۱J	No	No				
		M۸	No	No				
	New York		No	No				
		1C	No	No				
	North Dakota		No	No				
)H	No	No				
)K	No	NoNo				
	Oregon		No	No No				
	Pennsylvania F		No No	No No				
	Rhode Island Fouth Carolina S		No	No				
	South Dakota		NI.	NoNo				
			No No	No				
	Tennessee			No				
	Utah L		NoNo	No				
	Vermont			No				
	Virginia			No				
	WashingtonV		No	No				
	West Virginia V		No	No				
	Wisconsin V		No	No				
	Wyoming		No					
	American Samoa		No					
	Guam							
	Puerto Rico F							
	U.S. Virgin Islands							
	Canada		No					
	Aggregate Other Alien			XXX				
	Total (Direct Business)		XXX	(a) 1			23,177,110	
	DETAILS OF WRITE-INS							
5701.								
5702.								
5703.								
5798.	Summary of remaining write-ins for Line 5	7 from	overflow page	e				
5799.	Totals (Lines 5701 thru 5703 plus 5798)(L	ine 57	above)					
	rt the number of ves responses except for C		100				· 	

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

HCLB, Inc. Holding Company Tax ID: 38-3535959

Subsidiaries:

CAPE health Plan, Inc. Licensed HMO - State of Michigan Tac Id - 38-2455176

Springwater Management, Inc. Tax ID: 38-3300867

Cape Management, Inc. Tax ID: 38-3511552

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

	RESPONSE
Will the SVO Compliance Certification be filed with this statement?	Yes
Explanation:	
ear Code:	

OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 17. *LIAB

1704.	Accrued Profit Sharing	45,000	 45,000	166,263
1705.	Accrued 401K Match		0	2 , 559
1706.	Accrued Taxes		0	91,000
1797.	Summary of remaining write-ins for Line 17 from Page 03	45,000	45,000	259 822

SCHEDULE A - PART 2

			Snowing	g all Real Estate ACQUIRED During the Current Quarter				
1			4	5	6	7	8	9
	Loc	ation						
	2	3						Expended for Additions
			Date				Book/Adjusted Carrying	and Permanent
Description of Property	City	State	Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Value Less Encumbrances	Expended for Additions and Permanent Improvements
								'
							•	
9999999 - Totals								

SCHEDULE A - PART 3

		Showin	ig all Real Est	ate SOLD during the Current	Quarter, inclu	iding Payment	s during the F	-inal Year on "S	ales under Co	ntract"					
1	Loca	ation	4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3						Expended							
		-						for Additions,						Gross	
								Permanent	Book/					Income	
							Increase	Improvements						Earned Less	
						Increase		and Changes	Carrying		Foreign			Interest	Taxes,
							by Foreign	in	Value Less		Exchange	Realized	Total Profit		
			Diamagal			(Decrease)		Encum-		Amounts	Profit (Loss)	Drofit (Less)		Incurred on	Repairs and
Description of Droporty	City	Chaha	Disposal	Name of Durchager	A stud Cost	by	Exchange		Encum-		PIOIII (LOSS)	on Sale	(Loss) on	Encum-	Expenses
Description of Property	City	State	Date	Name of Purchaser	Actual Cost	Adjustment	Adjustment	brances	brances	Received	on Sale	on Sale	Sale	brances	Incurred
													ļ		
															• • • • • • • • • • • • • • • • • • • •
	1														
9999999 Totals															
						•		•		-	•		•	•	-

9999999 Totals

STATEMENT AS OF MARCH 31, 2002 OF THE CAPE HEALTH PLAN, INC.

SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter													
1	Locat		4	5	6	7	8	9	10	11			
	2	3											
						Book Value/Recorded		Increase (Decrease) by Foreign Exchange		Date of Last			
Lasa Norskan	O'th.	04-4-	Lasa Tama	Data Associated	Data of laters of	Investment Excluding	Increase (Decrease)	by Foreign Exchange	Value of Land and	Appraisal or			
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Accrued Interest	by Adjustment	Adjustment	Buildings	Valuation			
ĺ													
·····													

SCHEDULE B - PART 2

	Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter 1 Location 4 5 6 7 8 9 10 11 12 13													
1	Loca	ation	4	5	6	7	8	9	10	11	12	13		
	2	3			Book			Book						
		-			Value/Recorded			Value/Recorded						
					Investment		Increase	Investment						
										Familian Freshamen	D 1!1	T-4-1		
					Excluding Accrued	Increase	(Decrease) by	Excluding Accrued		Foreign Exchange Profit (Loss)	Realized	Total		
			Loan	Date	Interest	(Decrease) by	Foreign Exchange	Interest	Consideration	Profit (Loss)	Profit (Loss)	Profit (Loss)		
Loan Number	City	State	Type	Acquired	Prior Year	Adjustment	Adjustment	at Disposition	Received	on Sale	on Sale	on Sale		
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9999999 Totals							l							

9999999 Totals

STATEMENT AS OF MARCH 31, 2002 OF THE CAPE HEALTH PLAN, INC.

SCHEDULE BA - PART 1 Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter

	1	Location		4	5	6	7	8	9	10	1
		2	3							1	İ
								Book/Adjusted Carrying Value Less Encumbrances		Increase (Decrease) by Foreign Exchange Adjustment	İ
					Date	Actual	Amount of	Carrying Value	Increase (Decrease)	by Foreign Exchange	İ
	Number of Units and Description	City	State	Name of Vendor	Acquired	Cost	Encumbrances	Less Encumbrances	by Adjustment	Adjustment	
											ı
										1	1
										1	Ĺ
										1	1
										1	1
										1	1
										1	1
į										1	Ĺ
										1	1
			1							1	1

SCHEDULE BA - PART 2

		Showing O	ther Long-Term Invested Assets SOLD, t	ransferred or paid	d in full during t	he Current Qua	rter					
1	Loca	ation	4	5	6	7	8	9	10	11	12	13
	2	3			Book/ Adjusted Carrying		Increase	Book/ Adjusted Carrying				
			Name of Purchaser or		Value Less Encum- brances,	Increase (Decrease)	(Decrease) by Foreign Exchange	Value Less Encum-	Consideration	Foreign Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss)
Number of Units and Description	City	State	Nature of Disposition	Date Acquired		by Adjustment	Adjustment	Disposition	Received	on Sale	on Sale	on Sale
							 					
0000000 Tatala												
9999999 Totals												L

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

		Snow All Lon	g-Term Bonds and Stock Acquired by the Company During the	e Current Quarter				
1	2	3	4	5	6	7	8	9
CUSIP				Number of	Actual		Paid for Accrued	NAIC
CUSIP Identification	Description	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	
	Certificate of Deposit	03/01/2002	Capital One Bank		97,000	97,000		
	Certificate of Deposit Certificate of Deposit	03/01/200203/01/2002	Capital One Bank					
0399999 - Total	- Bonds - U.S. Government				110,000	110,000		XXX
6099997 - Total	- Bonds - Part 3				110,000	110,000		XXX
6099999 - Total					110,000	110,000		XXX
6599999 - Total	- Preferred Stocks					XXX		XXX
7099999 - Total						XXX		XXX
7199999 - Total	- Preferred and Common Stocks					XXX		XXX
····								
				 				
7000000 T-4-I-					440.000	WWW		VVV
7299999 - Totals					110,000	XXX		XXX

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4

			Show All Lo	ong-Term Bonds a	nd Stock Sold, Red	deemed or Otherw	ise Disposed of b	y the Company Du	ring the Curre	ent Quarter						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
										Increase				Interest on	Dividends on	
									Increase	(Decrease)	Foreign			Bonds	Stocks	NAIC
CUSIP				Number of				Book/Adjusted	(Decrease)	by Foreign	Exchange	Realized Gain	Total Gain	Received	Received	Desig-
ldenti-		Disposal		Shares of				Carrying Value at	by	Exchange	Gain (Loss)	(Loss) on	(Loss) on	During	During	nation
fication	Description	Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Disposal Date	Adjustment	Adjustment	on Disposal	Disposal	Disposal	Year	Year	(a)
	First Indiana Bank	03/04/2002 03/01/2002 03/01/2002 03/01/2002 03/01/2002 03/01/2002	Matured		97,000	97,000	97,000	97.000	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						(-,
	Household Bank	03/01/2002	Matured		7,000	7.000	7.000	97 ,000 7 ,000								
	First USA Bank	03/01/2002	Matured		3,000	3,000	3,000	3,000								
	Guardian Savings Bank	02/28/2002	Matured		95,000	95,000	95,000	95,000								
	Household Bank First USA Bank	03/01/2002	Matured		90,000	90,000	90,000	90,000								
	First USA Bank	03/01/2002	Matured		3,000	3,000	3,000	3,000								
	onds - U.S. Governments				295,000	295,000	295,000	295,000						 '	XXX	XXX
6099997 - Bo					295,000	295,000	295,000	295,000						<u> </u>	XXX	XXX
6099999 - To					295,000	295,000	295,000	295,000						<u> </u>	XXX	XXX
	otal – Preferred Stocks					XXX								XXX		XXX
	tal - Common Stocks					XXX								XXX	 '	XXX
7199999 - To	tal - Preferred and Common Stocks					XXX								XXX	<u> </u>	XXX
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7299999 To	otals				295,000	XXX	295,000	295,000		1				1	i '	XXX

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE DB - PART A - SECTION 1

Snowing all Options, Caps, Floors and insurance Futures Options Owned at Current Statement Date 1 2 3 4 5 6 7 8 9 10 11 12 13 14													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
		_		-	-			-				_	
		Data of									Veer to Dete		
		Date of									Year to Date		
	Number of	Maturity,									Increase/	Used to Adjust	Other Investment/
	Contracts or	Expiry or	Strike Price, Rate or Index	Date of		Cost/Ontion					(Decrease) by	Basis of Hedged Item	Miscellaneous
Description	Nietierel Areesunt	C-M	ounto i noo, reato	Ai-idi	F	Cost/Option Premium	D = = I+ 1/= I++=	*	04-4	T=:-\/-!	A discrete and	Baoio oi rioagoa	l
Description	Notional Amount	Settlement	or index	Acquisition	Exchange or Counterparty	Premium	Book Value		Statement Value	Fair Value	Adjustment	item	Income
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2500000 Subtatal Hadring Transactions								VVV					
2599999 - Subtotal - Hedging Transactions								XXX					
2799999 - Subtotal - Other Derivative Transactions								XXX					
9999999 - Totals	•	-	•		·			XXX					
0000000 101010							l	7,7/1					l

SCHEDULE DB - PART B - SECTION 1

		Sr	nowing all Options	, caps, Floor	's and insurance Futures Optio	ns written and in-	Force at Current S	tatemen	t Date				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
		-		-	-		-	-	-			-	
		Date of									Year to Date Increase/		
	Number of	Maturity,		Date of							Increase/		Other Investment/
	Contracts or	Expiry, or	Strike Price, Rate	Issuance/		Consideration					(Decrease) by	Used to Adjust	Miscellaneous
Description	Notional Amount	Settlement		Purchase	Exchange or Counterparty	Received	Book Value	*	Statement Value	Fair Value	Adjustment	Basis	Income
2 00011111111	TTOLIOTICE 7 ETTOCHTE	Comomon	or middx	. aronaco	znonango or obuntorparty	110001100	Doon raide		Otatomont Value	T dii Taido	rajaounon	240.0	
									•				
									•				***************************************
									•				•••••
									•				
									•				***************************************
2599999 - Subtotal - Hedging Transactions								XXX					
2699999 - Subtotal - Income Generation Transactions								XXX					
													
2799999 - Subtotal - Other Derivative Transactions								XXX					
9999999 - Totals								XXX					

SCHEDULE DB - PART C - SECTION 1

				Showing a	all Collar, Swap ar	ıd Forwards Open	at Current Stater	nent Da	ite					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
·	_		_		_	-	_	_						
		D		D							V . D .		0.1	
		Date of		Date of		_					Year to Date		Other	
		Maturity,	Strike Price, Rate	Opening		Cost or					Increase/	Used to Adjust	Investment/	
		Maturity, Expiry, or	or Index Rec	Opening Position or	Exchange or	(Consideration					(Decrease) by	Used to Adjust Basis of Hedged	Miscellaneous	Potential
Description	Notional Amount	Settlement	(Pay)	Agreement	Counterparty	Received)	Book Value	*	Statement Value	Fair Value	Adjustment	Item	Income	Exposure
			()/	g										
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2599999 - Subtotal - Hedging Transactions	2599999 - Subtotal - Hedging Transactions							XXX						
2799999 - Subtotal - Other Derivative Transactions								XXX						
9999999 - Totals					·			XXX						

SCHEDULE DB - PART D - SECTION 1

Snowing all Futures Contracts and insurance Futures Contracts Open at Current Statement Date												
1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
										Used to Adjust		
	Number of					Date of	Exchange or			Basis of		Potential
Description	Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Opening Position	Counterparty	Cash Deposit	Recognized	Hedged Item	Deferred	Exposure
			†									
2599999 - Subtotal - Hedging Transactions						XXX	XXX					
2799999 - Subtotal - Other Derivative Transactions					XXX	XXX						
9999999 - Totals						XXX	XXX					

SCHEDULE E - PART 1 - CASH

	Mont	h End Deposito	ry Balances					
1	2 3 4			Book Balance at End of Each				
				Month During Current Quarter				
	Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	5	6	7		
Depository	Interest	Quarter	Date	First Month	Second Month	Third Month	*	
Comerica BankWest Bloomfield. Michigan	Intoroot	81.486	Date	17 684 777	17 767 512	19 556 801		
Comerica BankWest Bloomfield, Michigan. Merrill Lynch		8,796		344,569	345 , 164	235,518		
0199998 Deposits in depositories which do not exceed the allowable limit in any one depository								
not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX						ххх	
0199999 Totals - Open Depositories	XXX	90,282		18,029,346	18, 112, 676	19,792,319		
O 100000 TOTAL O OPEN DEPOSITORIES	AAA	30,202		10,023,040	10,112,010	13,732,013		
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0399999 Total Cash on Deposit	XXX	90,282		18,029,346	18 , 112 , 676	19,792,319	XXX	
0499999 Cash in Company's Office	XXX	XXX	XXX	10,023,340	10 , 112 , 070	13,132,319	XXX	
0599999 Total Cash	XXX	90,282		18,029,346	18, 112, 676	19,792,319	XXX	
1111111 10101 00011	AAA	30,202		10,020,040	10,112,010	10,102,010	INAN	